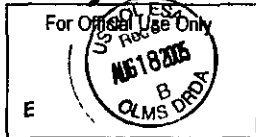


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9775</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>ROBERT</u> <u>K</u> <u>POORE</u> P O Box, Bldg, Room No, if any <u>Room 502</u> Street <u>300 S Ashland Ave</u> City <u>CHICAGO</u> State <u>IL</u> ZIP Code + 4 <u>60607</u>	4 Name, file number, and address of labor organization Name <u>I.B.T</u> <u>LOCAL</u> <u>703</u> Labor Organization File Number <u>022 671</u> P O Box, Building and Room Number, if any <u>Room 502</u> Street <u>300 S Ashland Ave</u> City <u>CHICAGO</u> State <u>IL</u> ZIP Code + 4 <u>60607</u>
5 Position in labor organization <u>VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ _____ _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Robert Poore

On

8-11-05

Date

312 738 1350

Telephone Number

Name of Person Filing	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name I.B.T H+W Fund
Trade Name, if any
P O Box, Bldg, Room No, if any Room 502
Street 300 S Ashland
City CHICAGO
State IL ZIP Code + 4 60607

9 Business deals with

- ☒ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name
Trade Name, if any
P O Box, Bldg, Room No, if any
Street
City
State ZIP Code + 4

11 a Nature of such dealing

They provide health and welfare benefits to participants covered under contracts which require contributions to the fund

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Reimbursement for lost wages from my full time job when attending Board of Trustee Meetings

12 b Amount

\$4961.90

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name
Trade Name, if any
P O Box, Bldg, Room No, if any
Street
City
State ZIP Code + 4

14 a Nature of payment

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13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name CHICAGO AREA (BT HEW) FUNDTrade Name, if any P O Box, Bldg, Room No, if any 502Street 300 SOUTH ASHLANDCity CHICAGOState IL ZIP Code + 4 60607

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4

11 a Nature of such dealing

They provide HEALTH & WELFARE BENEFITS TO PARTICIPANTS COVERED UNDER CONTRACTS WHICH REQUIRE CONTRIBUTIONS TO THE FUND

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

I RECEIVED EDUCATIONAL CLASSES IN ERISA AND DOL REQUIREMENTS AS NEEDED TO MEET OBLIGATIONS AS TRUSTEE

12 b Amount

\$1054.60

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment